## SCHEDULE B (FEC Form 3X)

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ITE	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	24 28		25 29	
or fo	Information copied from such Reports and State r commercial purposes, other than using the national state of the state of											3
\	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	I Action Committee										
/	American Council of Life insurers Folitica	ii Action Committee										
	Full Name (Last, First, Middle Initial) Corner Bakery					Trans Date of		burse		70486	6	
N	Mailing Address 529 14th Street, NW Suite F11							1	8 /	Y	<u> </u>	) <sup>Y</sup>
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	Candidate Name Rep. Geoffrey Davis		С	ateg Typ	gory/ be							
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_	Mailing Address 529 14th Street, NW Suite F11							1	8 ′	2	0 0 S	)
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	Full Name (Last, First, Middle Initial) Moore for Congress					Trans Date of		burse		652	5	
N	Mailing Address PO Box 14631						M /	<sup>D</sup> 2	<sup>D</sup> /	Y 2	ž o ŏ s	) <sup>Y</sup>
	Dity Shawnee Mission	State Zip Code KS 66285				Amou	nt of	Each	Disbur		nt this F	-
_	Purpose of Disbursement				1	L.		•		10	000.00	)
	Candidate Name Dennis Moore			ateg Typ	gory/ be							
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4						-	-		-		-	9